

## **ISDH Hospital Service Report**

State Form 49476 (R /7-02) IC 16-21-6

### I. Hospital Information

Hospital Name: SOUTHERN INDIANA REHABILITATION HOSPITAL

Provider #: 13-006205-1

City: New Albany

County: Floyd

Year: 2012

#### LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: Acute License LTC Certification

Private Accreditation: I JCAHO HFAP

CMS Specialized Hosp: ☐ CAH ☐ TLC ☑ Rehab

DRG Exempt: Psych Rehab Swing Bed

Number of Total Hospital Full Time Equivalents 179

## II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	0	0	0	\$0
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0
Psychiatric	0	0	0	\$0
Rehabilitation	34	669	8266	\$42,527,000
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	0	0	\$0

Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	34	669	8266	NA

# III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	26	720	7941

## IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	0	HIV	0
Neoplasms	0	Endocrine	0
Diseases of Blood	0	Mental Disorders	0
Nervous	0	Circulatory	0
Respiratory	0	Digestive Diseases	0
Genitourinary	0	Pregnancy	0
Skin	0	Musculoskeletal	0
Congenital	0	Perinatal	0
All Injuries	0		
Other/Known	86477	Total Encounters	86477

Total ED Visits	ED Injury Visits	ED Injury Admissions
0	0	0

### **Comments**

Part IV - Other/Known encounters data reported is Rehab Procedures